

Æthelmearc Marshal Warrant Form

New _____ Renewal _____ Today's Date _____

SCA Name _____

Mundane Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Membership Number _____ Membership Expiration Date _____

Heavy Weapons _____ (Includes Combat Archery Marshal Status)

Rapier Marshal _____ Schlaeger Marshal _____ Youth Rapier Marshal _____

Equestrian Marshal _____ Youth Combat Marshal _____

Archery Marshal _____ Thrown Weapons _____

Regional Marshal _____ Region _____

Kingdom Officer must receive this form for the Warrant to be "Official".

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Rapier Marshal _____ Schlaeger Marshal _____ Youth Rapier Marshal _____

Equestrian Marshal _____ Youth Combat Marshal _____

Archery Marshal _____ Thrown Weapons _____

Regional Marshal _____ Region _____

DID YOU SIGN THE WAIVER ON THE BACK ?

WARRANT IS INVALID WITHOUT A SIGNED WAIVER

Regional Marshals must forward the completed form to their Kingdom Superior

Kingdom Officers must forward the bottom form to Kingdom MOL

Instructions :

- Fill out both TOP and BOTTOM copies of the REVERSE SIDE COMPLETELY
- Warranting requires the signature of a regional or kingdom level marshal.
- Make sure you enter your membership number. **All Marshals are required to be members as per Society law.**

Warrants will not be processed if this information is missing.

- Regional Marshals must mail this completed form to their Kingdom Superior.
- The Marshal issuing the new Warrant will immediately create a “Marshal Card” for the new Marshal to carry. Members with Warrants in multiple forms may have the same card updated by the different issuing Marshals.

Please remember a **SEPARATE FORM MUST BE FILLED OUT FOR EACH WARRANT.**

All Warrants expire with your membership, So keep your membership current at all times. Updating the expiration of your authorizations DOES NOT renew your warrant, and renewing your warrant does not update the expiration date of your authorizations. If you lose your card, contact your Regional Marshals for a replacement.

- Kingdom Marshals must mail the bottom form to the Kingdom Minister of Lists:
Carole Goranson, 4351 Chestnut Ridge Road #7, Amherst NY, 14228-3227

SOCIETY FOR CREATIVE ANACHRONISM, INC CONSENT TO PARTICIPATE AND RELEASE LIABILITY

I, the undersigned, do hereby state that I wish to participate in activities sponsored by the international organization known as the Society for Creative Anachronism, Inc., a California not-for-profit corporation (hereafter “SCA”).

The SCA has rules which govern and may restrict the activities in which I can participate. These rules include, but are not limited to: Corpora, the By-laws, the various kingdom laws and the Rules for combat related activities.

The SCA makes no representations or claims as to the condition or safety of the land, structures or surroundings, whether or not owned, leased, operated or maintained by the SCA.

I understand that all activities are VOLUNTARY and that I do not have to participate unless I choose to do so. I understand that these activities are potentially dangerous or harmful to my person or property, and that by participating I voluntarily accept and assume the risk of injury to myself or damage to my property.

I understand that the SCA does NOT provide any insurance coverage for my person or my property. I acknowledge that I am responsible for my safety and my own health care needs, and for the protection of my property.

In exchange for allowing me to participate in these SCA activities and events, I agree to release from liability, agree to indemnify, and hold harmless the SCA, and any SCA agent, officer or SCA employee acting within the scope of their duties, for any injury to my person or damage to my property.

This Release shall be binding upon myself, successors in interest, and/or any person(s) suing on my behalf.

I have read the statements in this document. I agree with its terms and have voluntarily signed it. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding upon the SCA, its officers, agents and/or employees.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

Legal Name (PRINT) _____

Legal Name (SIGN) _____

Date _____